

SANCTIONING REFERENCE POINTS

INSTRUCTION
MANUAL

Board of Medicine

Virginia Department
of Health Professions



ANCTIONING REFERENCE POINTS INSTRUCTION MANUAL

Board of Medicine

Prepared for

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Dear Interested Party:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. To narrow the focus of the study, the Board of Medicine was chosen as the first board to test a set of sanction reference points. After interviewing over 30 current and past Board of Medicine members and staff, a committee of board members, staff, and research consultants assembled a research agenda involving the most exhaustive statistical study of sanctioned physicians ever conducted in the United States. The analysis included collecting over 100 factors on all Board of Medicine sanctioned cases in Virginia over a 6 year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanction reference points. Using both the data and collective input from the Board of Medicine and staff, analysts spent the last 9 months developing a usable set of sanction worksheets as a way to implement the reference system.

By design, future sanction recommendations will encompass, on average, about 70% of past historical sanctioning decisions; an estimated 30% of future sanctions will fall above or below the sanction point recommendations. This allows considerable flexibility when sanctioning cases that are particularly egregious or less serious in nature. Consequently, one of the most important features of this system is its' voluntary nature; that is, the board is encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist.

Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set of factors—making sanctioning more predictable, providing an educational tool for new board members, and neutralizing the possible influence of "inappropriate" factors (e.g., race, sex, attorney presence, identity of board members). As a result, the following reference instruments should greatly benefit board members, health professionals and the general public.

Sincerely yours,

Robert A. Nebiker
Director

Cordially,

Elizabeth A. Carter, Ph.D.
Executive Director
Virginia Board of Health Professions

Board of Audiology & Speech-Language Pathology • Board of Dentistry • Board of Funeral Directors & Embalmers • Board of Medicine • Board of Nursing
Board of Nursing Home Administrators • Board of Optometry • Board of Pharmacy • Board of Counseling
Board of Physical Therapy • Board of Psychology • Board of Social Work • Board of Veterinary Medicine
Board of Health Professions

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Overview The Virginia Board of Health Professions has spent the last 2 years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards, with the greatest focus most recently on the Board of Medicine. The Board of Medicine is now in a position to implement the results of the research by using a set of voluntary *Sanctioning Reference Points*. This manual contains some background on the project, the goals and purposes of the system, and the five offense-based sanction worksheets and grids that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Medicine. Moreover, the worksheets and grids have not been tested or validated on any other groups of persons. Therefore, they should not be used to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a series of worksheets which score a number of offense and respondent factors identified using statistical analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. A sanctioning grid found on each of the offense worksheets uses an offense score and a respondent score to recommend a range of sanctions from which the Board may select in a particular case.

In addition to this instruction booklet, separate coversheets and worksheets are available to record the offense score, respondent score, recommended sanction, actual sanction and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the Sanctioning Reference Points. These instructions and the use of the Sanctioning Reference Points system fall within current Department of Health Professions and Board of Medicine policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes.

Background In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based sanctioning reference points for health regulatory boards, including the Board of Medicine (BOM). The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be *“developed with complete Board oversight, be value-neutral, be grounded in sound data analysis, and be totally voluntary”*—that is, the system is viewed strictly as a Board decision tool.

Goals The Board of Health Professions and the Board of Medicine cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for BOM and those involved in proceedings
- “Neutralizing” sanctioning inconsistencies

Goals, continued

- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a *descriptive approach*) or whether it should be developed normatively (a *prescriptive approach*). A normative approach reflects what policymakers feel sanction recommendations *should be*, as opposed to what they *have been*. Sanctioning reference points can also be developed using historical data analysis with normative adjustments to follow. This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Board of Medicine chose a descriptive approach with a limited number of normative adjustments.

Qualitative Analysis

Researchers conducted 32 in-depth personal interviews of past and current BOM members, Board staff, and representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of sanctioning reference points and to further frame the analysis. Additionally, interviews helped ensure the factors that Board members consider when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

Quantitative Analysis

Researchers collected detailed information on all BOM disciplinary cases ending in a violation between 1996 and 2001; approximately 250 sanctioning “events” covering close to 500 cases. Over 100 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a “historical portrait” of past sanctioning decisions, the significant factors along with their relative weights were derived. These factors and weights were formulated into sanctioning worksheets and grids, which are the basis of the Sanctioning Reference Points.

Offense factors such as patient harm, patient vulnerability and case severity (priority level) were analyzed as well as respondent factors such as substance abuse, impairment at the time of offense, initiation of self corrective action, and prior history of the respondent. Some factors were deemed inappropriate for use in a structured sanctioning reference system. For example, the presence of the respondent's attorney, the respondent's age or sex, and case processing time, are considered “extra-legal” factors, and were explicitly excluded from the sanction reference points. Although many factors, both “legal” and “extra-legal” can help explain sanction variation, only those “legal” factors the Board felt should *consistently* play a role in a sanction decision were included in the final product. By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of “legal” factors in every case.

Wide Sanctioning Ranges

The Sanctioning Reference Points consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanction range that encompasses roughly 70% of historical practice. This means that 30% of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges recognize that the Board will sometimes reasonably disagree on a particular sanction outcome, but that a broad selection of sanctions fall within the recommended range.

Any sanction recommendation the Board derives from the Sanctioning Reference Points worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policies supercede any worksheet recommendation.

Two Dimensional Sanctioning Grid Scores Both Offense and Respondent Factors

The Board indicated early in the study that sanctioning is not only influenced by circumstances associated with the instant offense, but also by the respondent's past history. The empirical analysis supported the notion that both offense and respondent factors impacted sanction outcomes. To this end, the Sanction Reference Points make use of a two-dimensional scoring grid; one dimension assesses factors related to the instant offense, while the other dimension assesses factors related to the respondent.

The first dimension assigns points for circumstances related to the violation offense that the Board is currently considering. For example, the respondent may receive points if they were unable to safely practice due to impairment at the time of the offense, or if there were multiple patients involved in the incident(s). The other dimension assigns points for factors that relate to the respondent. So a respondent before the Board for an unlicensed activity case may also receive points for having had substance abuse problems, or for having a history of disciplinary violations for other types of cases. The respondent factors covering mental health, inappropriate relationships/sexual, alcohol, or drug problems are scored if diagnosed or treated by a bona fide health care professional at any time in the past (although the Board may consider past problems that have been treated without sign of relapse as a mitigating factor).

Voluntary Nature

The Sanctioning Reference Points system is a tool to be utilized by the Board of Medicine. Compliance with the Sanctioning Reference Points is voluntary. The Board will use the system as a reference tool and may choose to sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences and Consent Orders that come before Informal Conference committees. The coversheet and worksheets will be referenced by Board members during Closed Session.

Worksheets Not Used in Certain Cases

The Sanctioning Reference Points will not be applied in any of the following circumstances:

- **Formal Hearings** — Sanction Reference Points will not be used in cases that reach a Formal Hearing level.
- **Mandatory suspensions** — Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the license of a physician must be suspended. The sanction is defined by law and is therefore excluded from the Sanctioning Reference Point system.
- **Compliance/reinstatements** — The Sanctioning Reference Points should be applied to new cases only.
- **Action by another Board** — When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Medicine, the Board often attempts to mirror the sanction handed down by the other Board. The Virginia Board of Medicine usually requires that all conditions set by the other Board are completed or complied with in Virginia. The Sanctioning Reference Points do not apply as the case has already been heard and adjudicated by another Board.

Offense Groups Covered by the Sanctioning Reference Points

The Sanctioning Reference Points are organized into 5 offense groups. This organization is based on a historical analysis showing that offense and respondent factors and their relative importance vary by type of offense. The reference point factors found within a particular offense group are those which proved important in determining historical sanctions for that offense category.

When multiple cases have been combined into one “event” (one order) for disposition by the Board, only one offense group coversheet and worksheet should be completed and it should encompass the entire event. If a case has more than one offense type, one coversheet and worksheet is selected according to the offense group which appears highest on the following table. For example, a physician found in violation of both advertising and a treatment-related offense would have their case scored on a Patient Care worksheet, since Patient Care is above Fraud/Deception/Misrepresentation on the table. The table also assigns the various case categories brought before the Board to one of the 5 offense groups. If an offense type is not listed, find the most analogous offense type and use the appropriate scoring worksheet.

Offense Category Groupings

Offense Group	Case Categories
Impairment	Drug Related-Obtaining Drugs by Fraud Drug Related-Personal Use Inability Safely Practice - Incapacitated Inability Safely Practice – Impairment Impairment-Other
Patient Care	Delay in Treatment Alternative Treatment Treatment Related-Other Improper Performance of Surgery Unnecessary Surgery Supervision - neglect Inappropriate or Excessive Prescribing/Dispensing Inspection Deficiencies/Facility Violation Records release Medical Record Keeping
Inappropriate Relationship/ Sexual Abuse	Relationship - inappropriate Abuse (including sexual)
Fraud/Deception/Misrepresentation	Advertising-deceptive/misleading Claim of Superiority Improper Use of Trade Name Fail to Disclose Full Fee when Advertising Discounts Omission of Required Wording/Ad Element Advertising-Other Inappropriate Use of Specialty or Board Certification Financial Fraud Student loan default Fail to provide tax plan or estimate
Unlicensed Activity	Misdemeanor conviction No valid license-qualified to practice Practice beyond the scope of license Aiding/abetting unlicensed activity

Completing the Coversheet & Worksheet

Ultimately, it is the responsibility of the BOM to complete the Sanction Reference Point coversheet and worksheet in all applicable cases.

The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The Sanction Reference Point coversheet and worksheet, once completed, are confidential under the Code of Virginia. However, complete copies of the Sanction Reference Point Manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: www.dhp.state.va.us (paper copy also available on request).

Offense Group Worksheets

Instructions for scoring each of the 5 offenses are contained adjacent to each worksheet in subsequent sections of this manual. Instructions are provided for each line item of each worksheet and should be referenced to ensure accurate scoring for a specific factor. When scoring an offense group worksheet, the scoring weights assigned to a factor on the worksheet *cannot be adjusted*. The scoring weights can only be applied as 'yes or no' with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final say in how a case is scored.

Coversheet

The coversheet (shown on page 12) is completed to ensure a uniform record of each case and to facilitate re-cordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanctioning grid does not recommend an appropriate sanction, the Board is encouraged to depart either high or low when handing down a sanction. If the Board disagrees with the sanction grid recommendation and imposes a sanction greater or less than the recommended sanction, a short explanation can be recorded on the coversheet. The explanation could identify the factors and the reasons for departure. This process will ensure worksheets are revised appropriately to reflect current Board practice. If a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Prior record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Victim vulnerability
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wide-ranging. Sample scenarios are provided below:

Departure Example #1

Sanction Grid Result: Remove from practice.

Imposed Sanction: Probation with terms – practice restriction.

Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.

Departure Example #2

Sanction Grid Result: Reprimand.

Imposed Sanction: Continue on terms – practice monitoring.

Reason(s) for Departure: Respondent may be trending towards future violations, implement oversight now to avoid future problems.

Determining a Specific Sanction

The Sanction Grid has four separate sanctioning outcomes: Recommend formal or accept surrender, reprimand, treatment/monitoring and no sanction. The table below lists the most frequently cited sanctions under the four sanctioning outcomes that are part of the sanction grid. After considering the sanction grid recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

Sanctioning Reference Point Grid Outcomes

Sanction Grid	Available Sanctions
Recommend formal or accept surrender	Recommend formal (revocation or suspension may result) Recommend Accept Surrender
Reprimand	Monetary Penalty Reprimand Censure
Treatment/Monitoring	Stayed Suspension Continue on Terms Mental or Physical Evaluation Probation <u>Examples of Terms:</u> Continuing education Audit of practice or chart/record review Special examine (SPEX) Prescribing log Evaluation HPIP Chaperone Oversight by monitor/supervisor Therapy Other
No Sanction	No Sanction

- Complete Offense Score section.
- Complete Respondent Score section.
- Determine the Recommended Sanction using the scoring results and the Sanction Grid.
- Complete this coversheet.

Case Number(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Respondent Name:

(last)

(first)

(title)

License Number:

Case Category:

- ☐ Impairment
☐ Patient Care
☐ Inappropriate Relationship/Sexual Abuse
☐ Fraud/Deception/Misrepresentation
☐ Unlicensed Activity

Case Type:

Sanction Grid Result:

- ☐ No Sanction - Reprimand
☐ Reprimand
☐ Treatment/monitoring
☐ Reprimand - Treatment/monitoring
☐ Treatment/monitoring – Recommend formal or accept surrender
☐ Recommend formal or accept surrender

Imposed Sanction(s):

- | | |
|---|---|
| <input type="checkbox"/> No sanction | <input type="checkbox"/> Probation: _____ <i>duration in months</i> |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Mental or physical evaluation |
| <input type="checkbox"/> Reprimand | <input type="checkbox"/> Stayed Suspension |
| <input type="checkbox"/> Monetary penalty: \$ _____ <i>enter amount</i> | <input type="checkbox"/> Recommend formal or accept surrender |
| <input type="checkbox"/> Continue on terms | |
| <input type="checkbox"/> Other sanction: _____ | |
| <input type="checkbox"/> Terms: _____ | |

Reasons for Departure from Sanction Grid Result:

Worksheet Preparer (name):

Date completed:

SANCTION WORKSHEETS AND INSTRUCTIONS

IMPAIRMENT WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Circumstances

(score all that apply)

- a. Enter "25" if the respondent was unable to safely practice at the time of the offense due to illness related to substance abuse, or mental/physical impairment.
- b. Enter "20" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.
- c. Enter "20" if there was financial or other material gain from the offense.
- d. Enter "30" if the offense involves multiple patients.

Step 2: Injury Level

(if a is scored, b and c cannot be scored; if a is not scored, b and/or c may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- a. Enter "100" if a death occurred. Score if death was the result of an action by the respondent.
- b. Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- c. Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 3: Priority Level.

A priority level must be scored. If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- a. Enter "75" in cases where an individual may have committed an act or is highly likely to commit an act that

constitutes significant and substantial danger to the health and safety of any person (Priority A) or in cases where an individual may have committed a harmful act to another person but does not pose an imminent threat to public safety (Priority B).

- b. Enter "30" in cases where an individual may have committed an act that could be harmful or is considered substandard (Priority C).
- c. Enter "20" in cases where an individual has committed an act that does not harm the patient but may result in the loss of property or chattel, misleads or causes inconvenience (Priority D).

Step 4: Combine all for Total Offense Score

Respondent Score

Step 5: Circumstances

(score all that apply)

- a. Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- b. Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide health care professional in the past.
- c. Enter "50" if the respondent has been diagnosed or treated for inappropriate relationship or sexual boundary problems by a bona fide health care professional in the past.
- d. Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.

- e. Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 6: Prior Orders/Notices with Violation (score all that apply)

- a. Enter "60" if the respondent has had one or more prior Board violations.
- b. Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Impairment" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 9).

Step 7: Combine all for Total Respondent Score

Sanction Grid

Step 8: Identify Recommendation

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell — "Recommend formal or accept surrender".

Step 9: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

IMPAIRMENT WORKSHEET

Offense Score	Points	Score
• Circumstances <i>(score all that apply)</i>		
a. Impaired - Inability to practice	25	
b. Patient especially vulnerable	20	
c. Financial or material gain from offense	20	
d. Multiple patients involved	30	
• Injury Level <i>(score only if applicable)</i>		
a. Physical Injury - death	100	
b. Physical Injury - medical care	50	
c. Mental Injury	50	
• Priority Level <i>(must score one)</i>		
a. Priority A or B	75	
b. Priority C	30	
c. Priority D	20	
Total Offense Score		

Respondent Score	Points	Score
• Circumstances <i>(score all that apply)</i>		
a. Concurrent action	60	
b. Past mental health problems	50	
c. Past inappropriate relationship/sexual problems	50	
d. Past alcohol problems	25	
e. Past drug problems	25	
• Prior Orders/Notices with Violation <i>(score all that apply)</i>		
a. One or more prior board violations	60	
b. Any prior "similar" board violations	50	
Total Respondent Score		

*Locate Offense
and Respondent
scores in grid
below for sanction
recommendation.*

Sanction Grid				
		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Reprimand	Reprimand <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Treatment/Monitoring	Treatment/Monitoring <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Recommend formal or accept surrender
	51-100	Treatment/Monitoring	Treatment/Monitoring <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Recommend formal or accept surrender	Treatment/Monitoring <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Recommend formal or accept surrender
	101 or more	Treatment/Monitoring <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Recommend formal or accept surrender	Recommend formal or accept surrender	Recommend formal or accept surrender

Respondent: _____
License Number: _____

PATIENT CARE WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Case Type

(score only one; score "0" if not applicable)

- a. Enter "25" if the case involves physician performance. Cases of this type include patient treatment such as: delay in treatment, improper performance of surgery, unnecessary surgery, improper diagnosis and/or treatment plan, or excessive/inappropriate prescribing.
- b. Enter "25" if the case involves an inspection deficiency or facility violation.

Step 2: Circumstances

(score all that apply)

- a. Enter "20" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.
- b. Enter "20" if there was financial or other material gain from the offense.
- c. Enter "30" if the case involves multiple patients.

Step 3: Injury Level

(if a is scored, b and c cannot be scored; if a is not scored, b and/or c may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- a. Enter "100" if a death occurred. Score if death was the result of action by the respondent.
- b. Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- c. Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 4: Priority Level.

A priority level must be scored. If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- a. Enter "75" in cases where an individual may have committed an act or is highly likely to commit an act that constitutes significant and substantial danger to the health and safety of any person (Priority A) or in cases where an individual may have committed a harmful act to another person but does not pose an imminent threat to public safety (Priority B).
- b. Enter "30" in cases where an individual may have committed an act that could be harmful or is considered substandard (Priority C).
- c. Enter "20" in cases where an individual has committed an act that does not harm the patient but may result in the loss of property or chattel, misleads or causes inconvenience (Priority D).

Step 5: Combine all for Total Offense Score

Respondent Score

Step 6: Circumstances

(score all that apply)

- a. Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- b. Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide health care professional in the past.
- c. Enter "50" if the respondent has been diagnosed or treated for inappropriate relationship or sexual boundary problems by a bona fide health care professional in the past.

- d. Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.

- e. Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 7: Prior Orders/Notices with Violation

(score all that apply)

- a. Enter "60" if the respondent has had one or more prior Board violations.
- b. Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Impairment" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 9).

Step 8: Combine all for Total Respondent Score

Sanction Grid

Step 9: Identify Recommendation

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell — "Treatment/monitoring".


Step 10: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

PATIENT CARE WORKSHEET

Offense Score	Points	Score
• Case Type <i>(score only one)</i>		
a. Physician performance, patient related	25	<input type="text"/>
b. Inspection deficiency/facility violation	25	<input type="text"/>
• Circumstances <i>(score all that apply)</i>		
a. Patient especially vulnerable	20	<input type="text"/>
b. Financial or material gain from offense	20	<input type="text"/>
c. Multiple patients involved	30	<input type="text"/>
• Injury Level <i>(score only if applicable)</i>		
a. Physical Injury - death	100	<input type="text"/>
b. Physical Injury - medical care	50	<input type="text"/>
c. Mental Injury	50	<input type="text"/>
• Priority Level <i>(must score one)</i>		
a. Priority A or B	75	<input type="text"/>
b. Priority C	30	<input type="text"/>
c. Priority D	20	<input type="text"/>
Total Offense Score		<input style="width: 50px;" type="text"/>
Respondent Score	Points	Score
• Circumstances <i>(score all that apply)</i>		
a. Concurrent action	60	<input type="text"/>
b. Past mental health problems	50	<input type="text"/>
c. Past inappropriate relationship/sexual problems	50	<input type="text"/>
d. Past alcohol problems	25	<input type="text"/>
e. Past drug problems	25	<input type="text"/>
• Prior Orders/Notices with Violation <i>(score all that apply)</i>		
a. One or more prior board violations	60	<input type="text"/>
b. Any prior "similar" board violations	50	<input type="text"/>
Total Respondent Score		<input style="width: 50px;" type="text"/>

Locate Offense
and Respondent
scores in grid
below for sanction
recommendation.



Sanction Grid				
		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>	Reprimand <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>	Treatment/Monitoring <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>
	51-100	Treatment/Monitoring <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>	Treatment/Monitoring <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>	Treatment/Monitoring <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>
	101 or more	Treatment/Monitoring <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>	Treatment/Monitoring <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>	Recommend formal or accept surrender <div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: 0 auto;"><div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; background: linear-gradient(to bottom right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div></div>

Respondent: **License Number:**

INAPPROPRIATE RELATIONSHIP/SEXUAL ABUSE WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Circumstances

(score all that apply)

- a. Enter "50" if the case involves sexual abuse.
- b. Enter "50" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.
- c. Enter "30" if the case involves multiple patients.

Step 2: Injury Level

(if a is scored, b and c cannot be scored; if a is not scored, b and/or c may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- a. Enter "100" if a death occurred. Score if death was the result of action by the respondent.
- b. Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- c. Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 3: Priority Level.

A priority level must be scored. If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- a. Enter "75" in cases where an individual may have committed an act or is highly likely to commit an act that constitutes significant and substantial danger to the health and safety of any person (Priority A) or

in cases where an individual may have committed a harmful act to another person but does not pose an imminent threat to public safety (Priority B).

- b. Enter "30" in cases where an individual may have committed an act that could be harmful or is considered substandard (Priority C).
- c. Enter "20" in cases where an individual has committed an act that does not harm the patient but may result in the loss of property or chattel, misleads or causes inconvenience (Priority D).

Step 4: Combine all for Total Offense Score

Respondent Score

Step 5: Circumstances (score all that apply)

- a. Enter "30" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- b. Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide health care professional in the past.
- c. Enter "60" if the respondent has been diagnosed or treated for inappropriate relationship or sexual boundary problems by a bona fide health care professional in the past.
- d. Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.

- e. Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 6: Prior Orders/Notices with Violation (score all that apply)

- a. Enter "60" if the respondent has had one or more prior Board violations.
- b. Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Impairment" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 9).

Step 7: Combine all for Total Respondent Score

Sanction Grid

Step 8: Identify Recommendation

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell — "Treatment/monitoring".

Step 10: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

INAPPROPRIATE RELATIONSHIP/SEXUAL ABUSE WORKSHEET

Offense Score	Points	Score
• Circumstances (score all that apply)		
a. Sexual abuse	50	_____
b. Patient especially vulnerable	50	_____
c. Multiple patients involved	30	_____
• Injury Level (score only if applicable)		
a. Physical Injury - death	100	_____
b. Physical Injury - medical care	50	_____
c. Mental Injury	50	_____
• Priority Level (must score one)		
a. Priority A or B	75	_____
b. Priority C	30	_____
c. Priority D	20	_____
Total Offense Score		<input type="text"/>
Respondent Score	Points	Score
• Circumstances (score all that apply)		
a. Concurrent action	30	_____
b. Past mental health problems	50	_____
c. Past inappropriate relationship/sexual problems	60	_____
d. Past alcohol problems	25	_____
e. Past drug problems	25	_____
• Prior Orders/Notices with Violation (score all that apply)		
a. One or more prior board violations	60	_____
b. Any prior "similar" board violations	50	_____
Total Respondent Score		<input type="text"/>

Locate Offense and Respondent scores in grid below for sanction recommendation.

		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction Reprimand	Reprimand	Reprimand Treatment/Monitoring
	51-100	Reprimand Treatment/Monitoring	Treatment/Monitoring	Treatment/Monitoring Recommend formal or accept surrender
	101 or more	Treatment/Monitoring Recommend formal or accept surrender	Treatment/Monitoring Recommend formal or accept surrender	Recommend formal or accept surrender

Respondent: _____ License Number: _____

FRAUD/DECEPTION/MISREPRESENTATION WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Circumstances

(score all that apply)

- a. Enter "20" if the case involves one of the following "Financial Offenses": Fraud, Fraudulent billing, Student loans, or tax related cases.
- b. Enter "30" if the case type is "Claim of Superiority".
- c. Enter "20" if there was financial or other material gain from the offense.

Step 2: Injury Level

(if a is scored, b and c cannot be scored; if a is not scored, b and/or c may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- a. Enter "100" if a death occurred. Score if death was the result of an action by the respondent.
- b. Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- c. Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 3: Priority Level.

A priority level must be scored. If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- a. Enter "100" in cases where an individual may have committed an act or is highly likely to commit an act that constitutes significant and substantial danger to the health and safety of any person (Priority A) or in cases where an individual may have committed a harmful act to another person but does not pose an imminent threat to public safety (Priority B).

b. Enter "40" in cases where an individual may have committed an act that could be harmful or is considered substandard (Priority C).

- c. Enter "20" in cases where an individual has committed an act that does not harm the patient but may result in the loss of property or chattel, misleads or causes inconvenience (Priority D).

Step 4: Combine all for Total Offense Score

Respondent Score

Step 5: Circumstances

(score all that apply)

- a. Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- b. Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide health care professional in the past.
- c. Enter "50" if the respondent has been diagnosed or treated for inappropriate relationship or sexual boundary problems by a bona fide health care professional in the past.
- d. Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- e. Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 6: Prior Orders/Notices with Violation (score all that apply)

- a. Enter "60" if the respondent has had one or more prior Board violations.
- b. Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Impairment" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 9).

Step 7: Combine all for Total Respondent Score

Sanction Grid

Step 8: Identify Recommendation

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell — "Treatment/ monitoring".

Step 9: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

FRAUD/DECEPTION/MISREPRESENTATION WORKSHEET

Offense Score	Points	Score
• Circumstances <i>(score all that apply)</i>		
a. Financial Offenses (see list)	20	_____
b. Claim of Superiority	30	_____
c. Financial or material gain from offense	20	_____
• Injury Level <i>(score only if applicable)</i>		
a. Physical Injury - death	100	_____
b. Physical Injury - medical care	50	_____
c. Mental Injury	50	_____
• Priority Level <i>(must score one)</i>		
a. Priority A or B	100	_____
b. Priority C	40	_____
c. Priority D	20	_____
Total Offense Score		<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>

Respondent Score	Points	Score
• Circumstances <i>(score all that apply)</i>		
a. Concurrent action	60	_____
b. Past mental health problems	50	_____
c. Past inappropriate relationship/sexual problems	50	_____
d. Past alcohol problems	25	_____
e. Past drug problems	25	_____
• Prior Orders/Notices with Violation <i>(score all that apply)</i>		
a. One or more prior board violations	60	_____
b. Any prior "similar" board violations	50	_____
Total Respondent Score		<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>

Locate Offense
and Respondent
scores in grid
below for sanction
recommendation.

		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction Reprimand	Reprimand Treatment/Monitoring	Treatment/Monitoring Recommend formal or accept surrender
	51-100	Treatment/Monitoring	Treatment/Monitoring	Treatment/Monitoring Recommend formal or accept surrender
	101 or more	Treatment/Monitoring Recommend formal or accept surrender	Treatment/Monitoring Recommend formal or accept surrender	Recommend formal or accept surrender

Respondent: _____
License Number: _____

UNLICENSED ACTIVITY WORKSHEET INSTRUCTIONS

Offense Score

Step 1: Circumstances

(score all that apply)

- a. Enter "20" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.
- b. Enter "20" if there was financial or other material gain from the offense.

Step 2: Injury Level

(if a is scored, b and c cannot be scored; if a is not scored, b and/or c may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.)

- a. Enter "100" if a death occurred. Score if death was the result of an action by the respondent.
- b. Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- c. Enter "50" if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

Step 3: Priority Level.

A priority level must be scored. If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- a. Enter "75" in cases where an individual may have committed an act or is highly likely to commit an act that constitutes significant and substantial danger to the health and safety of any person (Priority A) or in cases where an individual may have committed a harmful act to another person but does not pose an imminent threat to public safety (Priority B).

- b. Enter "40" in cases where an individual may have committed an act that could be harmful or is considered substandard (Priority C).

- c. Enter "20" in cases where an individual has committed an act that does not harm the patient but may result in the loss of property or chattel, misleads or causes inconvenience (Priority D).

Step 4: Combine all for Total Offense Score

Respondent Score

Step 5: Circumstances

(score all that apply)

- a. Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- b. Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide health care professional in the past.
- c. Enter "50" if the respondent has been diagnosed or treated for inappropriate relationship or sexual boundary problems by a bona fide health care professional in the past.
- d. Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- e. Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items B thru E can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

Step 6: Prior Orders/Notices with Violation (score all that apply)

- a. Enter "60" if the respondent has had one or more prior Board violations.
- b. Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Impairment" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 9).

Step 7: Combine all for Total Respondent Score

Sanction Grid

Step 8: Identify Recommendation

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell — "Reprimand and/or Treatment/monitoring".

Step 9: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

UNLICENSED ACTIVITY WORKSHEET

Offense Score	Points	Score
• Circumstances <i>(score all that apply)</i>		
a. Patient especially vulnerable	20	_____
b. Financial or material gain from offense	20	_____
• Injury Level <i>(score only if applicable)</i>		
a. Physical Injury - death	100	_____
b. Physical Injury - medical care	50	_____
c. Mental Injury	50	_____
• Priority Level <i>(must score one)</i>		
a. Priority A or B	75	_____
b. Priority C	40	_____
c. Priority D	20	_____
Total Offense Score		<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>

Respondent Score	Points	Score
• Circumstances <i>(score all that apply)</i>		
a. Concurrent action	60	_____
b. Past mental health problems	50	_____
c. Past inappropriate relationship/sexual problems	50	_____
d. Past alcohol problems	25	_____
e. Past drug problems	25	_____
• Prior Orders/Notices with Violation <i>(score all that apply)</i>		
a. One or more prior board violations	60	_____
b. Any prior "similar" board violations	50	_____
Total Respondent Score		<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>

Locate Offense
and Respondent
scores in grid
below for sanction
recommendation.

Sanction Grid				
		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction Reprimand	Reprimand	Reprimand Treatment/Monitoring
	51-100	Reprimand Treatment/Monitoring	Reprimand Treatment/Monitoring	Treatment/Monitoring Recommend formal or accept surrender
	101 or more	Treatment/Monitoring Recommend formal or accept surrender	Treatment/Monitoring Recommend formal or accept surrender	Recommend formal or accept surrender

Respondent: _____ License Number: _____

A PPENDIX

SAMPLE CASES

SAMPLE CASE #1: PATIENT CARE CASE

Respondent: David Smith
License Number: 0103999999
Case Number: 82444
Case Type: Standard of Care

Circumstances Surrounding Event

Dr. Smith is a podiatrist who provided substandard care to Mr. Jones, age 88, by cutting the two major nails below the quick and telling the complainant to soak his feet for 1 hour per day in 105 degree water mixed with 1lb of salt per gallon. Dr. Smith performed the procedure ungloved, did not wash his hands, and did not wash Mr. Jones' feet. He failed to take a patient history before removing the ingrown nails. He informed Mr. Jones that he would return for a follow up visit, but never did. Mr. Jones feet blistered and Dr. Smith did not return his calls so he sought treatment from Dr. Marshall. In addition, Dr. Smith did not return Dr. Marshall's calls. Dr. Marshall advised that Mr. Jones had sustained a severe infection from the solution used to cauterize the nail bed and that it was not the standard of care to recommend soaks using 105° water.

Respondent's Background Information

Dr. Smith was originally licensed in New York with no prior action taken against him. He has no history of substance abuse/treatment or mental health/boundary problems. There was no concurrent action taken against him.

Information Needed to Complete Worksheet

Offense scoring

- Physician performance, patient related (Case Type)
- Patient especially vulnerable, age 88 (Circumstances)
- Physical injury – blistering/infection requiring medical care (Injury Level)
- Priority C (Priority Level)

Respondent scoring

- No respondent circumstances (Circumstances)
- No prior Board violations (Prior Violations)

PATIENT CARE WORKSHEET

Offense Score	Points	Score
• Case Type (score only one)		
a. Physician performance, patient related	25	<u>25</u>
b. Inspection deficiency/facility violation	25	_____
• Circumstances (score only one)		
a. Patient especially vulnerable	20	<u>20</u>
b. Financial or material gain from offense	20	_____
c. Multiple patients involved	30	_____
• Injury Level (score only if applicable)		
a. Physical Injury - death	100	_____
b. Physical Injury - medical care	50	<u>50</u>
c. Mental Injury	50	_____
• Priority Level (must score one)		
a. Priority A or B	75	_____
b. Priority C	30	<u>30</u>
c. Priority D	20	_____
Total Offense Score		125
Respondent Score		
• Circumstances (score all that apply)		
a. Concurrent action	60	_____
b. Past mental health problems	50	_____
c. Past inappropriate relationship/sexual problems	50	_____
d. Past alcohol problems	25	_____
e. Past drug problems	25	_____
• Prior Orders/Notices with Violation (score all that apply)		
a. One or more prior board violations	60	_____
b. Any prior "similar" board violations	50	_____
Total Respondent Score		0

Locate Offense and Respondent scores in grid below for sanction recommendation.

		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction Reprimand	Reprimand Treatment/Monitoring	Treatment/Monitoring Recommend formal or accept surrender
	51-100	Treatment/Monitoring	Treatment/Monitoring	Treatment/Monitoring Recommend formal or accept surrender
	101 or more	Treatment/Monitoring Recommend formal or accept surrender	Treatment/Monitoring Recommend formal or accept surrender	Recommend formal or accept surrender

Respondent: David Smith License Number: 0103999999

SAMPLE CASE #1: SANCTIONING REFERENCE POINTS COVERSHEET

Case Number(s):	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">8</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Respondent Name:	<u>Smith</u> <small>(last)</small>	<u>David</u> <small>(first)</small>	<u>Dr.</u> <small>(title)</small>	
License Number:	<u>0103999999</u>			
Case Category:	<input type="checkbox"/> Impairment <input checked="" type="checkbox"/> Patient Care <input type="checkbox"/> Inappropriate Relationship/Sexual Abuse <input type="checkbox"/> Fraud/Deception/Misrepresentation <input type="checkbox"/> Unlicensed Activity			
Case Type:	<u>Standard of Care</u>			
Sanction Grid Result:	<input type="checkbox"/> No Sanction - Reprimand <input type="checkbox"/> Reprimand <input checked="" type="checkbox"/> Treatment/monitoring <input type="checkbox"/> Reprimand - Treatment/monitoring <input type="checkbox"/> Treatment/monitoring – Recommend formal or accept surrender <input type="checkbox"/> Recommend formal or accept surrender			
Imposed Sanction(s):	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> No sanction <input type="checkbox"/> Censure <input type="checkbox"/> Reprimand <input type="checkbox"/> Monetary penalty: \$ _____ <small>enter amount</small> <input type="checkbox"/> Continue on terms <input type="checkbox"/> Other sanction: _____ <input checked="" type="checkbox"/> Terms: <u>Continuing Education (8 hours)</u> </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> Probation: <u>6 mos.</u> <small>duration in months</small> <input type="checkbox"/> Mental or physical evaluation <input type="checkbox"/> Stayed Suspension <input type="checkbox"/> Recommend formal or accept surrender </div> </div>			
Reasons for Departure from Sanction Grid Result:	<hr/> <hr/> <hr/>			
Worksheet Preparer (name):	<u>Jane Doe</u>		Date completed: <u>6/13/03</u>	

SAMPLE CASE #2: FRAUD/DECEPTION/MISREPRESENTATION CASE

Respondent: Richard Horner
 License Number: 0104999999
 Case Number: 96799
 Case Type: Deceptive Advertising

Circumstances Surrounding Event

Dr. Horner is a chiropractor scheduled to meet with the Board of Medicine on October 12, 2003 at an informal hearing. Dr. Horner mailed coupons to area residents stating that his care, "stopped the aging process." An anonymous call to DHP from a past patient questioned the validity of this claim.

Respondent's Background Information

Dr. Horner was originally licensed in Maryland. He also holds a license to practice in New Jersey. He has been a chiropractor for 22 years with no other states having taken action against him.

Information Needed to Complete Worksheet

Offense scoring

- No Extenuating Offense Circumstances (Circumstances)
- No patient injury (Injury Level)
- Priority C (Priority Level)

Respondent scoring

- No respondent circumstances (Circumstances)
- 1/10/1988, Substandard Care (Prior Violations, not similar)

FRAUD/DECEPTION/MISREPRESENTATION WORKSHEET

Offense Score	Points	Score
• Circumstances (score all that apply)		
a. Financial Offenses	20	_____
b. Claim of Superiority	30	_____
c. Financial or material gain from offense	20	_____
• Injury Level (score only if applicable)		
a. Physical Injury - death	100	_____
b. Physical Injury - medical care	50	_____
c. Mental Injury	50	_____
• Priority Level (must score one)		
a. Priority A or B	100	_____
b. Priority C	40	40
c. Priority D	20	_____
Total Offense Score		40

Respondent Score	Points	Score
• Circumstances (score all that apply)		
a. Concurrent action	60	_____
b. Past mental health problems	50	_____
c. Past inappropriate relationship/sexual problems	50	_____
d. Past alcohol problems	25	_____
e. Past drug problems	25	_____
• Prior Orders/Notices with Violation (score all that apply)		
a. One or more prior board violations	60	60
b. Any prior "similar" board violations	50	_____
Total Respondent Score		60

Locate Offense and Respondent scores in grid below for sanction recommendation.

Sanction Grid		
	Offense Score	
	0-50 51-100 101 or more	
Respondent Score	0-50	<div style="display: flex; justify-content: space-between;"> <div>No Sanction</div> <div>Reprimand</div> </div>
	51-100	<div style="display: flex; justify-content: space-between;"> <div>Treatment/Monitoring</div> <div>Treatment/Monitoring</div> </div>
	101 or more	<div style="display: flex; justify-content: space-between;"> <div>Treatment/Monitoring</div> <div>Treatment/Monitoring</div> </div>

Respondent: Richard Horner License Number: 0104999999

SAMPLE CASE #2: SANCTIONING REFERENCE POINTS COVERSHEET

Case Number(s):

9 6 7 9 9

Respondent Name:

Horner

Richard

Dr.

(last)

(first)

(title)

License Number:

0104999999

Case Category:

- ☐ Impairment
☐ Patient Care
☐ Inappropriate Relationship/Sexual Abuse
☒ Fraud/Deception/Misrepresentation
☐ Unlicensed Activity

Case Type:

Deceptive Advertising

Sanction Grid Result:

- ☐ No Sanction - Reprimand
☐ Reprimand
☒ Treatment/monitoring
☐ Reprimand - Treatment/monitoring
☐ Treatment/monitoring -- Recommend formal or accept surrender
☐ Recommend formal or accept surrender

Imposed Sanction(s):

- ☐ No sanction
☐ Censure
☐ Reprimand
☒ Monetary penalty: \$ 500. enter amount
☐ Continue on terms
☐ Other sanction: _____
☐ Terms: _____
- ☐ Probation: _____ duration in months
☐ Mental or physical evaluation
☐ Stayed Suspension
☐ Recommend formal or accept surrender

Reasons for Departure from Sanction Grid Result:

Respondent already discontinued advertising.

Monetary penalty serves as appropriate deterrent.

Worksheet Preparer (name):

Jane Doe

Date completed: 6/13/03

SAMPLE CASE #3: INAPPROPRIATE RELATIONSHIP/SEXUAL ABUSE CASE

Respondent: Dennis Poole
License Number: 0101033333
Case Number: 87222
Case Type: Inappropriate Relationship

Circumstances Surrounding Event

Dr. Poole is an internist who dated Patient A for approximately 7 months, beginning in December 2001, and ending in June 2002. Dr. Poole did not discontinue treatment of Patient A while they were dating. Patient A sought treatment from Dr. Monroe, Psychiatrist, for the effects of her relationship with Dr. Poole. On at least three occasions Dr. Poole made inappropriate home visits to another female patient, B.

Respondent's Background Information

Dr. Poole is not licensed in any other state. He has had one prior Board violation for Unlicensed Activity. The case was closed on August 10, 1986.

Information Needed to Complete Worksheet

Offense scoring

- Multiple Patients (Multiple Patients Involved)
- Patient A's records from Dr. Monroe (Mental Injury)
- Priority C (Priority Level)

Respondent scoring

- No respondent circumstances (Circumstances)
- Unlicensed Activity, August 10, 1986 (Prior Violation, not similar)

INAPPROPRIATE RELATIONSHIP/SEXUAL ABUSE WORKSHEET

Offense Score

Points

Score

• Circumstances (score all that apply)

- a. Sexual abuse 50
 b. Patient especially vulnerable 50
 c. Multiple patients involved 30 30

• Injury Level (score only if applicable)

- a. Physical Injury - death 100
 b. Physical Injury - medical care 50
 c. Mental Injury 50 50

• Priority Level (must score one)

- a. Priority A or B 75
 b. Priority C 30 30
 c. Priority D 20

Total Offense Score **110**

Respondent Score

Points

Score

• Circumstances (score all that apply)

- a. Concurrent action 30
 b. Past mental health problems 50
 c. Past inappropriate relationship/sexual problems 60
 d. Past alcohol problems 25
 e. Past drug problems 25

• Prior Orders/Notices with Violation (score all that apply)

- a. One or more prior board violations 60 60
 b. Any prior "similar" board violations 50

Total Respondent Score **60**

Locate Offense
and Respondent
scores in grid
below for sanction
recommendation.

Sanction Grid

		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction Reprimand	Reprimand	Reprimand Treatment/Monitoring
	51-100	Reprimand Treatment/Monitoring	Treatment/Monitoring	Treatment/Monitoring Recommend formal or accept surrender
	101 or more	Treatment/Monitoring Recommend formal or accept surrender	Treatment/Monitoring Recommend formal or accept surrender	Recommend formal or accept surrender

Respondent: Dennis PooleLicense Number: 0104999999

SAMPLE CASE #3: SANCTIONING REFERENCE POINTS COVERSHEET

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Dr.

(title)

0101033333

- ☐ Impairment
- ☐ Patient Care
- ☒ Inappropriate Relationship/Sexual Abuse
- ☐ Fraud/Deception/Misrepresentation
- ☐ Unlicensed Activity

Inappropriate Relationship

- ☐ No Sanction - Reprimand
- ☐ Reprimand
- ☐ Treatment/monitoring
- ☐ Reprimand - Treatment/monitoring
- ☒ Treatment/monitoring – Recommend formal or accept surrender
- ☐ Recommend formal or accept surrender

☐ No sanction
☐ Censure
☐ Reprimand
☐ Monetary penalty: \$ _____ *enter amount*
☐ Continue on terms
☐ Other sanction: _____
☒ Terms: Counseling

☐ Probation: _____ *duration in months*
☒ Mental or physical evaluation
☐ Stayed Suspension
☐ Recommend formal or accept surrender

Date completed: 6/13/03

